Family Matters

Program developers or their agents provided the Model Program information below.

BRIEF DESCRIPTION

Family Matters is a family-focused program that reduces the prevalence of tobacco and alcohol use among children 12 to 14 years of age. The intervention is delivered through four booklets mailed to the home and through followup telephone calls by health educators. The booklets contain lessons and activities designed to motivate families to participate in the program and to encourage families to consider characteristics related to adolescent substance use. Booklet content includes communication skills, parenting styles, attachment and time together, educational encouragement, conflict resolution, availability of tobacco and alcohol in the home, family rules about child use of tobacco and alcohol, and insights into peer and media influences.

Program Background

University of North Carolina at Chapel Hill researchers began conceptualizing Family Matters in the late 1980s with recognition that reducing adolescent tobacco and alcohol use were national priorities, and that different types of universal programs would be required to have a national impact on the prevalence of adolescent substance use. While it is clear that family characteristics have a profound influence on children and their potential for adolescent drug use, the developers saw that universal family-directed programs rarely had been evaluated with a randomized experimental design and with adolescent drug use as the measured outcome. The developers set out to create a program that would—

- Make families the primary program target
- Place minimal demands on families so that participation would be maximized
- Be capable of widespread implementation without being dependent on a single type of organization
- Have content that is firmly rooted in behavioral science theory and research findings

RECOGNITION

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services: Model Program

INSTITUTE OF MEDICINE CLASSIFICATION (IOM)

UNIVERSAL

INTERVENTION TYPE

COMMUNITY-BASED

CONTENT FOCUS

ALCOHOL, PARENT COMPONENT, TOBACCO

Prevention of alcohol and tobacco use.

Parents a primary program target:

This intervention is delivered to parents and other adult family members through four booklets that are mailed to the home and through followup telephone calls by health educators. The booklets provide parents with information and methods for influencing their children's current or potential substance use.

PROTECTIVE FACTORS

INDIVIDUAL, FAMILY, PEER

INDIVIDUAL

- Expectation of negative consequences from use
- Understanding family rules
- Monitoring

FAMILY

- Understanding adolescence
- Supervision
- Support
- Communication skills
- Attachment
- Time together
- Educational aspirations
- Expectation of negative consequences from adolescent substance use

- Believe adolescent is vulnerable to substance use
- Believe family can influence adolescent substance use

PEER

- Refusal skills

RISK FACTORS

INDIVIDUAL, FAMILY, PEER, COMMUNITY, SOCIETY

INDIVIDUAL

- Expectations of positive consequences
- Perceptions of friend use
- Perceived availability
- Intentions to use

FAMILY

- Family substance use
- Tobacco and alcohol availability

PEER

- Friendships with users

COMMUNITY

- Perceived prevalence of use

SOCIETY

- Media portrayal

INTERVENTIONS BY DOMAIN

FAMILY, PEER, COMMUNITY

FAMILY

- Parent education/parenting skills training
- Task-oriented family education combining social skills training to improve family interaction (e.g., communication skills, time together, conflict reduction)
- Education to increase awareness of negative impact of media portrayal of substance use

PEER

- Peer-resistance education

COMMUNITY

• Improved awareness and knowledge of substance use/abuse issues

KEY PROGRAM APPROACHES

BEHAVIOR MODIFICATION, INFORMATION SHARING, IN-HOME SERVICES, PARENT-CHILD INTERACTIONS, PARENT TRAINING, PROBLEM IDENTIFICATION AND REFERRAL, SKILL DEVELOPMENT

BEHAVIOR MODIFICATION

Booklet 3 focuses on behavior-specific factors that families can influence, including the availability of tobacco and alcohol in the home and family rules about child substance use.

INFORMATION SHARING

Booklet 2 considers general family factors, such as communication skills and parenting styles, which influence adolescent alcohol and tobacco use.

IN-HOME SERVICES

This program is implemented through the successive mailing of four booklets to the homes of parents. After each mailing a health educator telephones the parents to encourage reading the booklet and completing the activities and to answer questions. The booklets and the phone support calls from the home educator are completed in the home.

PARENT-CHILD INTERACTIONS

Each booklet contains reading materials based on behavioral science theory and research and includes participant activities, some with the adult family members only and others for the adult family members and the adolescent.

PARENT TRAINING

The booklets are a self-administered parent-training program.

PROBLEM IDENTIFICATION AND REFERRAL

If an adult family member requests it, a health educator will refer the individual to smoking or alcohol-use reduction programs.

SKILL DEVELOPMENT

The program addresses communication and parenting skills.

Describe typical problems that users experience in implementing these program strategies and potential solutions:

The names, addresses, and telephone numbers of parents of adolescents are required to implement the program. Schools, parent-teacher associations, YMCAs and YWCAs, boys and girls clubs, clinics, and other organizations can make this information available.

HOW IT WORKS

Four booklets are successively mailed home to parents along with token participation incentives of a Family Matters-imprinted pencil, button, balloon, or magnet. After each

mailing, health educators telephone parents to encourage them to complete the book and any included parent-child activities, and to answer questions. Each booklet contains information based on behavioral science theory and research and includes participant activities. The booklets, in order of delivery, are:

- *Why Families Matter*—describes the program and encourages participation.
- *Helping Families Matter to Teens*—considers general family factors such as communication skills and parenting styles, which influence adolescent alcohol and tobacco use.
- *Alcohol and Tobacco Rules are Family Matters*—focuses on behavior-specific factors that families can influence, including the availability of tobacco and alcohol in the home and family rules about child substance use.
- *Non-Family Influences That Matter*—deals with non-family influences on adolescent substance use, such as friends who use and the media; it also reviews the main points of the program.

The adolescent's mother or mother surrogate usually is the program contact. She is asked to participate in the program and to involve additional adult family members as well. In addition to reading the booklet, adult family members are asked to complete activities with the adolescent that practice key program content areas such as communication skills and rule setting. Some of the reading material and activities are for adult family members only, while other parts of the program are for the adult family members and the adolescent. The health educators who conduct followup telephone calls after the completion of each booklet never interact directly with the adolescent as part of program delivery. Health educators can be culled from within the implementing organization or surrounding community (e.g., school nurse, teachers, college students, business professionals). Health care educators can be paid staff or volunteers.

In order to achieve the outcomes cited by the program evaluation research, all four booklets must be used; trained health educators conduct followup calls.

Participant names, addresses, and telephone numbers are required for program implementation and can be gathered through various organizations and entities such as schools, parent-teacher associations, civic and community organizations, boys and girls clubs, clinics, etc. (In the initial implementation, parent-child pairs were recruited through random digit dialing of telephone numbers.)

The four booklets and the Health Educators Manual used for training and guidance of health educators (which include health educator protocols for each unit) are available at http://www.sph.unc.edu/familymatters/index.htm.

OUTCOMES

DECREASES IN SUBSTANCE USE

Reduced adolescent cigarette smoking.

Reduced adolescent alcohol use.

Ninety percent of participating parents believed their child's potential for alcohol use would be impacted.

Ninety-six percent of participating parents believed their child's potential for tobacco use would be impacted.

Benefits

- Reduces prevalence of adolescent tobacco and alcohol use
- Focuses adults on behaviors that can encourage adolescent substance use (e.g., adult smoking and alcohol use, lack of rule-setting and supervision)
- Prompts parent-child discussion of substance-use refusal skills
- Program delivery requires minimal time, which helps maximize completion rates

EVALUATION DESIGN

At baseline, parent-child pairs with a child 12 to 14 years of age, were selected throughout the United States by random digit dialing and interviewed by telephone. They then were randomly allocated to either receive Family Matters or to serve as controls. Three and 12 months after the program was completed, followup telephone interviews were completed with 1,300 treatment and control parent-child pairs interviewed at baseline. Multivariate statistical analyses were conducted to assess program effects for self-reported adolescent cigarette smoking and alcohol use. Multivariate analyses also were conducted to examine the mechanisms through which program effects for behavior were expected to occur, to assess determinants of program participation, and to assess other program-related issues.

DELIVERY SPECIFICATIONS

5–24 WEEKS

Amount of time required to deliver the program to obtain documented outcomes:

Families average 6 hours with booklets (reading booklets and completing activities) and with health educators. On the average, the 6 hours are spread over 15 weeks.

INTENDED SETTING

RURAL, URBAN

Tested among families of all socioeconomic levels in urban and rural settings.

FIDELITY

Components that must be included in order to achieve the same outcomes cited by the developer:

- All four booklets must be used.
- Health educators must receive training and continued supervision.
- Telephone access for the health educators is required.

BARRIERS AND PROBLEMS

The names, addresses, and telephone numbers of parents of adolescents are required to implement the program. Schools, parent-teacher associations, YMCAs and YWCAs, boys and girls clubs, clinics, and other organizations that maintain the information can make them available.

The booklets are only available in English at this time.

PERSONNEL

FULL TIME, PART TIME, PAID, VOLUNTEER

Health educators can work full or part time, and can be paid or serve as volunteers.

With six or more part-time health educators, a half-time program manager is needed to screen and hire health educators, supervise them, mail booklets, and track progress with families. An average of 3 hours of health educator time is required per family identified as eligible for participation.

EDUCATION

UNDERGRADUATE

Health educators are college graduates.

PERSONNEL TRAINING

Type: CLASSROOM, Location: ONSITE (user), Length: BASIC

A 4- to 8-hour training session for health educators and program managers is available on location.

COST (ESTIMATED IN U.S. DOLLARS)

$1,001–5,000

Cost considerations for implementing this Model Program as recommended by the developer:

The total estimated cost for implementing the program, including training, is $141 per family.

TRAINING COSTS

Training $1,600
plus travel and per diem for one trainer

Participant materials . . . . . $35 each

MATERIALS COSTS

All the materials are available free online and can be downloaded in PDF format.

AVAILABLE PRODUCTS

Why Families Matter (booklet one)

Helping Families Matter to Teens (booklet two)

Alcohol and Tobacco Rules Are Family Matters (booklet three)

Non Family Influences That Matter (booklet four)

Health Educator Guidebook

For further information: www.sph.unc.edu/familymatters/index.htm

INTENDED AGE GROUP

EARLY ADOLESCENT (12–14)

Developed for youth 12 to 14 years of age.

INTENDED POPULATION

AFRICAN AMERICAN, WHITE

This program was developed with White and African American families.

GENDER FOCUS

BOTH GENDERS

Developed for use with both males and females.

REPLICATION INFORMATION

NO INFORMATION PROVIDED

CONTACT INFORMATION

ABOUT THE DEVELOPERS

The developers are Karl E. Bauman, Ph.D., Vangie A. Foshee, Ph.D., and Susan T. Ennett, Ph.D., faculty members in the Department of Health Behavior and Health Education of the University of North Carolina at Chapel Hill School of Public Health.

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